PTO/SB/82 (01-05)
Approved for use through 12/31/2008, ONS 0851-0035
U.S. Patient and Tredemark Office; U.S. DEPARTMENT OF COMMERCE

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Application Number. | 10/574,609 |
REVOCATION OF POWER OF | Filling Date | April 5, 2006

ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

POINT TO BE POSSOCIATED FOR THOSE METHOD OF THE	18 A IL GISPIETE & VENU CAND CANDITATIONUEL.
Application Number	10/574,609
Filing Date	April 5, 2006
First Named Inventor	Takahisa Yamamoto
Art Unit	3725
Examiner Name	David B. Jones
Attorney Docket Number	158.0001USWO

I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Attorney is	submitted herewith.			
alle State				
OR				
✓ I hereby appoint the p	ractitioners associated with the	Customer Number:	57557	
Please change the correspondence address for the above identified application to:				
The address asso	ciated with			
Customer Numbe	r.	57557		
OR				
Firm or Individual Name				
Address		<u> </u>		
City		State	Zip	
Country Telephone		Email		
l am the:		Citett		
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature 1	7多 2			
Name Takahisa Yamamoto				
Date 7/31/08		Telephone P/	46-234-1884	
NOTE: Signistures of all the inventors or assignees of record of the static interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
A design to the second	are submitted			

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing; and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require, to complete this form and/or suggestions for reducing this branch, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.